



Iliff School of Theology | TRANSCRIPT REQUEST FORM

Please write clearly (or type). To speed the process email this form to cbaca@iliff.edu You must also print the form, sign it and send with payment. Transcripts will not be sent until payment is received. Please allow 10 days to process.

Student ID (or SS#): _____ Last Date of Attendance _____ Degree Received: _____

Name: _____ Former Names: _____

Current Address: _____
Street City State Zip

Signature/Authorization: _____

1. Mail # _____ transcripts to:

- Send each transcript in a separate sealed envelope
- Send Now Send at end of quarter Send after degree is posted

Please complete this mailing label

Name: _____

Address: _____

This transcript is released with the express understanding no further release of data in personally identifiable form will be made to any other party without obtaining consent of the student

Official Transcripts are \$5 each

_____ # of transcripts to first address
_____ Charge

Office Use: Date Sent _____

2. Mail # _____ transcripts to:

- Send each transcript in a separate sealed envelope
- Send Now Send at end of quarter Send after degree is posted

Please complete this mailing label

Name: _____

Address: _____

This transcript is released with the express understanding no further release of data in personally identifiable form will be made to any other party without obtaining consent of the student

Official Transcripts are \$5 each

_____ # of transcripts to first address
_____ Charge
_____ Total transcripts (#1 and #2)
_____ Total payment due

Office Use: Date Sent _____

Office Use Only: Registrar _____

Business office: _____